

Office of the State Controller**Return to: DPS Accounts Payable**Address: 4220 Mail Service Center
Raleigh, NC 27699-4220

19PI – GCC GEMS Applicant

**Vendor Electronic Payment Form**

Telephone: (919) 324-1010

Fax: (919) 324-6240

Revised 08/2014

For your convenience and benefit, the State of North Carolina offers payees the opportunity to receive future payments electronically, rather than by check. Payments will be deposited into the checking or savings account of the receiver's choice. In addition to having the money deposited electronically, notification of the deposit will be disseminated either by fax or e-mail. The fax or e-mail will provide all the information that would normally be on the check stub. To receive payments electronically: **print, complete this form, attach a voided check and return both to the address above.**

PRINT the following information.		FAX or E-MAIL ADDRESS for payment notification. (Place a check mark in front of the method that you prefer.)	
Payee Name:		<input type="checkbox"/> E-mail address:	
Federal ID #/SSN #:		<input type="checkbox"/> FAX Number:	
Bank Name:		Authorized Signature:	
Bank Routing Number:		Print Name:	
<input type="checkbox"/> Checking Acct #:		Title:	
<input type="checkbox"/> Savings Acct #:		Date:	
Remit Address(es) For Applicable Acct(s):			

ATTACH VOIDED CHECK

I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC). Check one of the following:	
<input type="checkbox"/> I affirm that, regarding electronic payments the State of North Carolina may remit to the financial institution for credit to the account that I have designated, the entire payment amount is not subject to being transferred to a foreign bank account.	
<input type="checkbox"/> I affirm that, regarding electronic payments the State of North Carolina may remit to the financial institution for credit to the account that I have designated, the entire payment amount is subject to being transferred to a foreign bank account. I understand that any electronic payments that may be remitted to me may be labeled with "IAT" as the standard entry class. I acknowledge that availability of funds credited to the account will be subject to my receiving financial institution's policies and procedures. I also understand that the remitting agency may elect to remit future payments to me via paper check instead of electronically.	
I authorize the Office of the State Controller to initiate direct deposit entries each pay period, and if necessary, adjustments for any direct deposit entries in error, to the financial institution and account identified on the attached certification document. I understand and accept the conditions of participation in the direct deposit program. This authority will remain in effect until I cancel it in writing.	
SIGNATURE:	DATE: